

FAX:

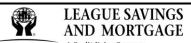


TO:

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Please process the attached transfer request. If for any reason this request is rejected, fax a notice to 1-866-860-3116. If there are any questions or concerns, contact us at depositrenewals@aclsm.ca.										
For Atlantic credit unions, our preferred method for receiving funds is by ICU.										
For all other financial institutions, send funds by wire transfer. To transfer money via wire:										
RECEIVER										
Pay direct to: SWIFT BIC: CUCXCATTVAN Central 1 Credit Union - Vancouver										
BENEFICIARY BANK-SWIFT FIELD 57										
Route No. and Transit No: 83915123										
Credit Union Name: League Savings and Mortgage										
Credit Union Address: 6074 Lady Hammond Rd Suite 2001, Halifax, NS B3K 2R7										
BENEFICIARY CUSTOMER-SWIFT FIELD 59										
Account No: 5011948401										
Member Name: League Savings and Mortgage										
Member Address: 6074 Lady Hammond Rd Suite 2001, Halifax, NS B3K 2R7										
PAYMENTS DETAILS										
FFC TO Client name										
ACCT Client account #										
TYPE Plan type/Locked In Legislation if applicable										
WIRE CONFIRMATION										
Please fax a copy of this transfer authorization form to 1-866-860-3116, Attn: Transfer-in Dept, and include:										
Wire amount:										
Delivering account type:										
Locked-in legislation, if applicable:										

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If you received this fax in error, please advise us immediately.



TRANSFER AUTHORIZATION FOR REGISTERED INVESTMENTS

(RSP, LIRA LRSP, RIF, LIF, RLIF, TFSA, FHSA)

PART 1: CLIENT/ANNUITANT INFORMATION														
LAST NAME	CLIENT/ANNOTTA	FIRST	NAME INITIA				SOCIAL INSURANCE NUMBER							
STREET														
OIT) (DOWNOT				l					
СПҮ					PROVINCE POSTAL COI		IL CODE	_		TELEPHONE NUMBER				
TRANSFER I	MY:													
RSP	RSP LIRALIRSP RIF LIF RLSP RLIF TFSA DPSP PENSION FHSA RETIRING ALLOWANCE													
FULL TRANSFER PARTIAL TRANSFER OR LUMP SUM OF \$ IN CASH														
	TRANSFEROR (RELINQUISHING) INSTITUTION NAME													
	STREET	EET .												
	STREET													
FROM:	CITY	Y					PROVINCE				AL CODE			
	CONTRACT/PLAN #	CONTRACT/PLAN #					DEPOSIT #				DATE (MM/DD/YY)			
						CONTRACT/PLAN #					1			
	LEAGUE SAV	LEAGUE SAVINGS AND MORTGAGE COMPANY												
	6074 LAI	DY HAMMO	ND RD SUITE 20	001				K APPLICA						
		HALIFAX, NS B3K 2R7								0145-740 LIRA 0145-740				
TO:	PHONE: (8	00) 668-287	9 FAX: (866) 860)-3116		RIF 1741			_ RIF 174	1	LIF 1741			
						A 0145255		FHSA 314	150307					
	IF FROM RPP/DPSP: ☐ I AM THE MEMBER OR ☐ THE BENEFICIARY SPOUSE** OR													
FORMER SPOUSE** DUE TO BREAKDOWN OF MARRIAGE OR COMMON LAW PARTNER														
CLIENT/ANN	**OR OTHER INDIVIDUAL WHO HAS BEEN GIVEN SIMILAR RIGHTS UNDER APPLICABLE LEGISLATION CLIENT/ANNUITANT SIGNATURE DATE (MM/DD/YY)													
DATE (WWW.DOTT)														
(OR, U SEE LETTER ATTACHED) CERTIFIED BY: AUTHORIZED AGENT NAME AND PHONE NUMBER														
									LE		VINGS AND MORT			
PART 2: (COMPLETED BY	TRANSFER	OR (RELINQUIS	HING)	INSTITUTION									
AMOUNT TR	AMOUNT TRANSFERRED \$ (TRANSFEROR TO ISSUE T4RIF FOR TRANSFERS FROM RRIF TO RRSP OR T4 FOR RETIRING ALLOWANCE TRANSFER)													
SPOUSAL PLAN (N/A FOR TFSA) NO YES - IF YES, COMPLETE:														
CONTRIBUTOR LAST NAME FIRST NAME								INITIAL SOCIAL INSURANCE NUMBER						
LOCKED IN FUNDS YES - IF YES, COMPLETE PENSION INFORMATION BELOW:														
RETIRING ALLOWANCE	E: AMOUNT TO	BE REPORTE	D IN BOX 26 (ELIGIBI	LE RETIF	RING ALLOWANCE	OF THE	EMPLOYEE	'S T4A SLIF	\$					
FROM RRIF:	THE TRANSFER IS FI	ROM A QUALIF	YING PRE-1993 RRI	F	□ NO □	YES								
FROM RPP: WE DID NOT TRANSFER \$ OF THE AMOUNT IN ACCORDANCE WITH SUBSECTION 147.3(1) TO (7) AND WILL REPORT THIS AMOUNT AS INCOME OF THE APPLICANT ON A T4A SLIP											D WILL			
FROM TFSA: THE VALUE OF PROPERTY IN THE HOLDER'S TFSA JUST BEFORE THE TRANSER WAS \$														
COMPLETE	IF AMOUNTS ARE LO	CKED-IN UNDI	ER PENSION LEGISL	.ATION										
LOCKED-IN PENSION AMOUNT \$														
HAVE FUNDS BEEN HELD IN A LIF/LRIF/RLIF AT ANY TIME DURING YEAR OF TRANSFER?														
FUNDS ORIGINATED FROM PENSION FUND														
PENSION LEGISLATION (ATTACH COPIES OF DOCUMENTION TO SUPPORT THE JURISDICTION)												RISDICTION)		
	TE BREAKDOWN	(UNISEX)					ICT)							
DATE (MM/D	DATE (MM/DD/YY) AUTHORIZED SIGNATURE OF TRANSFEROR INSTITUTION TELEPHONE NUMBER													